

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14148

State File No. 3630
Registrar's No. 3630

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____						
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) <u>45 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			d. STREET ADDRESS (If rural, give location) <u>2306 Farrar St.</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>					d. STREET ADDRESS (If rural, give location) <u>2306 Farrar St.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mike</u>			b. (Middle) _____		c. (Last) <u>Schwartz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1949</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 6, 1886</u>		9. AGE (In years last birthday) <u>62</u>						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brewery Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brewery</u>		11. BIRTHPLACE (State or foreign country) <u>Austria</u>			12. CITIZEN OF WHAT COUNTRY? <u>America</u>							
13a. FATHER'S NAME <u>Michel Schwartz</u>			13b. MOTHER'S MAIDEN NAME <u>Geolia Binter</u>			14. NAME OF HUSBAND OR WIFE <u>Caroline Schwartz</u>								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>488-09-6757</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Otto Schwartz</u>				ADDRESS <u>5506 Durant</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES <u>Coronary Occlusion</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>94</u> <u>11-21</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>4 days</u>				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____									
22. I hereby certify that I attended the deceased from <u>April 18, 1949</u> , to <u>April 20, 1949</u> , that I last saw the deceased alive on <u>April 19, 1949</u> , and that death occurred at <u>1:09 A.M.</u> , from the causes and on the date stated above.														
23a. SIGNATURE <u>B. C. Glasberg</u> (Degree or title) _____					23b. ADDRESS <u>634 N. Grand Blvd.</u>			23c. DATE SIGNED <u>4-22-49</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 23/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) <u>St. Louis</u>		(State) <u>Mo.</u>						
DATE REC'D BY LOCAL REG. <u>APR 22 1949</u>		REGISTRAR'S SIGNATURE <u>E. B. Lasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Suedmeyer & Sons</u> ADDRESS <u>3934 N. 20th St.</u>									

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Neville D. Frohwitter

Licensed Embalmer No.

3696

P. O. Address

1101 N. 20th St.,
Canton, Mass. 01913

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.